## Case 18-80231 Doc 1 Filed 02/05/18 Entered 02/05/18 14:40:44 Desc Main Document Page 1 of 56

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself  |   |   |   |
|-----|---|---|---|---|
|     |   | About Debtor 1:                                   |   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's               | Shannon First name N.                             |   | First name                                    |
|     | license or passport).   | Middle name                                       | - | Middle name                                   |
|     | Bring your picture identification to your meeting with the trustee.   | Terpstra Last name and Suffix (Sr., Jr., II, III) | - | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |   |   |   |
|     | Include your married or maiden names.   |   |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9608                                       |   |   |

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Case number (if known)

Debtor 1 Shannon N. Terpstra

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 1617 Pierce Avenue Rockford, IL 61103 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Winnebago County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Shannon N. Terpstra

| ⊃ar        | t 2: Tell the Court About   | Your E  | Bankruptcy Ca                    | ise                                  |  |   |             |  |  |  |
|------------|---|---|----------------------------------|--------------------------------------|--|---|-------------|--|--|--|
| 7.         | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                  |                                      |  |   |             |  |  |  |
|            | choosing to file under  |   | hapter 7                         |                                      |  |   |             |  |  |  |
|            |   |   | hapter 11                        |                                      |  |   |             |  |  |  |
|            |   | □с  | hapter 12                        |                                      |  |   |             |  |  |  |
|            |   | <b>■</b> C  | chapter 13                       |                                      |  |   |             |  |  |  |
| 3.         | How you will pay the fee  | •   | about how yo                     | ou may pay. Typ<br>attorney is sub   | pically, if you are paying the fee                               | eck with the clerk's office in your local court for mor<br>yourself, you may pay with cash, cashier's check, c<br>shalf, your attorney may pay with a credit card or ch   | or money    |  |  |  |
|            |   |   |                                  |                                      | stallments. If you choose this op<br>ts (Official Form 103A).    | tion, sign and attach the Application for Individuals   | to Pay      |  |  |  |
|            |   |   | but is not req<br>applies to you | uired to, waive<br>ur family size ar | your fee, and may do so only if nd you are unable to pay the fee | ion only if you are filing for Chapter 7. By law, a jud<br>your income is less than 150% of the official povert<br>in installments). If you choose this option, you mus<br>ificial Form 103B) and file it with your petition. | y line that |  |  |  |
| <b>)</b> . | Have you filed for bankruptcy within the  | ■ Ne  | 0.                               |                                      |  |   |             |  |  |  |
|            | last 8 years?   | □ Ye  | es.                              |                                      |  |   |             |  |  |  |
|            |   |   | District                         |                                      | When   | Case number   |             |  |  |  |
|            |   |   | District                         |                                      | When   | Case number   |             |  |  |  |
|            |   |   | District                         | _                                    | When   | Case number   |             |  |  |  |
| 10.        | Are any bankruptcy cases pending or being   | ■ No  | 0                                |                                      |  |   |             |  |  |  |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye  | es.                              |                                      |  |   |             |  |  |  |
|            |   |   | Debtor                           |                                      |  | Relationship to you   |             |  |  |  |
|            |   |   | District                         |                                      | When   | Case number, if known   |             |  |  |  |
|            |   |   | Debtor                           |                                      |  | Relationship to you   |             |  |  |  |
|            |   |   | District                         |                                      | When   | Case number, if known   |             |  |  |  |
| 11.        | Do you rent your residence?   | ■ No  | o. Go to I                       | ine 12.                              |  |   |             |  |  |  |
|            | residence:  | □ Ye  | es. Has yo                       | our landlord obt                     | ained an eviction judgment agai                                  | nst you?  |             |  |  |  |
|            |   |   |                                  | No. Go to line                       | 12.  |   |             |  |  |  |
|            |   |   |                                  | Yes. Fill out Inthis bankruptc       | nitial Statement About an Evictio<br>sy petition.                | n Judgment Against You (Form 101A) and file it as   | part of     |  |  |  |

Document Page 4 of 56 Case number (if known) Debtor 1 Shannon N. Terpstra Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Shannon N. Terpstra

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 56 Case number (if known) Debtor 1 Shannon N. Terpstra Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shannon N. Terpstra Signature of Debtor 2 Shannon N. Terpstra Signature of Debtor 1 Executed on February 5, 2018 Executed on

MM / DD / YYYY

MM / DD / YYYY

Debtor 1 Shannon N. Terpstra Document Page 7 of 56 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel A      | A. Springer            | Date          | February 5, 2018       |  |
|-------------------|------------------------|---------------|------------------------|--|
| Signature of      | Attorney for Debtor    |               | MM / DD / YYYY         |  |
|                   |                        |               |                        |  |
| Daniel A. S       | Springer               |               |                        |  |
| Printed name      |                        |               |                        |  |
| Springer L        | aw Firm                |               |                        |  |
| Firm name         |                        |               |                        |  |
| 5301 E. Sta       | ate Street             |               |                        |  |
| Suite 105         |                        |               |                        |  |
| Rockford, I       | IL 61108               |               |                        |  |
| Number, Street, 0 | City, State & ZIP Code |               |                        |  |
| Contact phone     | 815.312.4725           | Email address | dspringerlaw@gmail.com |  |
| 6314059 IL        |                        |               |                        |  |
| Bar number & Sta  | ate                    |               |                        |  |

|   |                         | DOGUIII           | eni Faue o Ul Du |                      |
|---|-------------------------|-------------------|------------------|----------------------|
| Fill in this infor                      | mation to identify your | case:             |                  |                      |
| Debtor 1                                | Shannon N. Terp         | stra              |                  |                      |
|   | First Name              | Middle Name       | Last Name        |                      |
| Debtor 2                                |                         |                   |                  |                      |
| Spouse if, filing)                      | First Name              | Middle Name       | Last Name        |                      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS      |                      |
| Case number                             |                         |                   |                  |                      |
| if known)                               |                         |                   |                  | ☐ Check if this is a |
|   |                         |                   |                  | amended filing       |

## Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as     | ssets<br>of what you own      |
|-----|--|-------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 62,030.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 43,086.00                     |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 105,116.00                    |
| Pai | t 2: Summarize Your Liabilities  |             |                               |
|     |  |             | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 64,532.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 19,291.88                     |
|     | Your total liabilities   | \$          | 83,823.88                     |
| Paı | t 3: Summarize Your Income and Expenses  |             |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,621.09                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,519.00                      |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |             |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your                    | r other sch | nedules.                      |
|     | ■ Yes What kind of debt do you have?   |             |                               |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

4,000.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clair | n    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                 | Ca  | ase 18-80231                                     | Doc 1                               |              | 02/05/18<br>ument  | Entered 02/05/18   | 3 14:40:44               | Desc   | : Main                                  |  |  |  |
|-----------------|---|--|-------------------------------------|--------------|--------------------|--|--------------------------|--|---|--|--|--|
| Fill            | in this inforr                              | mation to identify yo                            | ur case and t                       |              |                    | T MMC IV VI VI   |                          |  |   |  |  |  |
| Deb             | otor 1                                      | Shannon N. Te                                    | rpstra                              |              |                    |  |                          |  |   |  |  |  |
|                 | _   | First Name                                       | •                                   | e Name       |                    | Last Name  |                          |  |   |  |  |  |
|                 | otor 2<br>use, if filing)                   | First Name                                       | Middl                               | e Name       |                    | Last Name  |                          |  |   |  |  |  |
| Unit            | ted States Ba                               | nkruptcy Court for the                           | : NORTHER                           | RN DISTE     | RICT OF ILLIN      | IOIS   |                          |  |   |  |  |  |
| _               |   |  |                                     |              |                    |  |                          | _  | _                                       |  |  |  |
| Cas             | e number _                                  |  |                                     |              |                    | -  |                          |  | I Check if this is an<br>amended filing |  |  |  |
| SC<br>n eachink | chedul<br>ch category, s<br>it fits best. B | e as complete and acc<br>e space is needed, atta | ribe items. List<br>urate as possib | le. If two i | married people     | n asset fits in more than one<br>are filing together, both are e<br>top of any additional pages, | equally responsibl       | e for supp   | lying correct                           |  |  |  |
| Part            | 1: Describe                                 | Each Residence, Build                            | ing, Land, or O                     | ther Real    | Estate You Ow      | n or Have an Interest In   |                          |  |   |  |  |  |
| . Do            | o you own or l                              | nave any legal or equita                         | able interest in                    | any reside   | ence, building,    | land, or similar property?   |                          |  |   |  |  |  |
|                 | No. Go to Par                               | t 2.   |                                     |              |                    |  |                          |  |   |  |  |  |
|                 | Yes. Where i                                | s the property?                                  |                                     |              |                    |  |                          |  |   |  |  |  |
|                 |   |  |                                     |              |                    |  |                          |  |   |  |  |  |
|                 |   |  |                                     |              |                    | _  |                          |  |   |  |  |  |
| 1.1             | 1617 Pier                                   | ce Avenue  |                                     | What         |                    | ? Check all that apply   |                          |  |   |  |  |  |
|                 |   |  | Single-family nome                  |              |                    |  |                          | o not deduct secured claims or exemptions. Put e amount of any secured claims on <i>Schedule D</i> : |   |  |  |  |
|                 |   |  |                                     |              | Condominium        | =  | Creditors Who Ha         | ve Claims  | Secured by Property.                    |  |  |  |
|                 |   |  |                                     |              |                    |  |                          |  |   |  |  |  |
|                 | Rockford                                    | IL 6   | 1103-0000                           |              | Manufactured Land  | or mobile home   | Current value of         |  | Current value of the                    |  |  |  |
|                 | City  | State  | ZIP Code                            |              | Investment pro     | perty  | entire property? \$62,03 |  | oortion you own?<br>\$62,030.00         |  |  |  |
|                 | ·   |  |                                     |              | Timeshare          | 1 - 7  |                          |  | r ownership interest                    |  |  |  |
|                 |   |  |                                     |              | Other              |  |                          | ple, tenan   | cy by the entireties, or                |  |  |  |
|                 |   |  |                                     | Who I        | Debtor 1 only      | in the property? Check one   | Fee simple               | ilowii.  |   |  |  |  |
|                 | Winnebag                                    | jo   |                                     |              | Debtor 2 only      |  |                          |  |   |  |  |  |
|                 | County                                      |  |                                     |              | Debtor 1 and D     | Debtor 2 only  | Check if this            | is comm  | unity property                          |  |  |  |
|                 |   |  |                                     |              | At least one of    | the debtors and another  | (see instruction         |  | unity property                          |  |  |  |
|                 |   |  |                                     |              | -                  | ou wish to add about this item   | , such as local          |  |   |  |  |  |
|                 |   |  |                                     | prope        | rty identification | on number:   |                          |  |   |  |  |  |
|                 |   |  |                                     |              |                    |  |                          |  |   |  |  |  |
|                 |   |  |                                     |              |                    |  |                          |  |   |  |  |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$62,030.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debt          | or 1                          | Case 18 Shannon N                                 |               | Doc 1  | Filed 02<br>Docur  |                |           | tered 0<br>e 11 of | 56          | 14:4 number ( |             | Des              | c Main                                    |                |
|---------------|-------------------------------|---|---------------|--|--|----------------|-----------|--------------------|-------------|---------------|-------------|------------------|---|----------------|
|               |                               |   |               | مامدر برداناندر  | ioloo metero   | ······         |           |                    | Ouse        | o mannoon (   | ii kiiowiij |                  |   |                |
| 3. <b>C</b> a | ıs, vai                       | is, trucks, tra                                   | ctors, sport  | utility veri   | icles, motorcy   | ycies          |           |                    |             |               |             |                  |   |                |
|               | No                            |   |               |  |  |                |           |                    |             |               |             |                  |   |                |
|               | Yes                           |   |               |  |  |                |           |                    |             |               |             |                  |   |                |
|               |                               |   |               |  |  |                |           |                    |             | 5 .           |             |                  |   | 5.             |
| 3.1           | Make                          |   |               |  | Who has an ir  | nterest in the | e proper  | ty? Check or       | ne          |               |             |                  | ms or exempti<br>claims on <i>Sch</i>     |                |
|               | Mode                          |   |               |  | Debtor 1 or  | nly            |           |                    |             | Creditor      | s Who Ha    | ve Claim         | s Secured by I                            | Property.      |
|               | Year:                         |   |               | 00000  | Debtor 2 or  | •              |           |                    |             |               | value of    | the              | Current valu                              |                |
|               |                               | oximate mileage:<br>information:                  |               | 82000  | ☐ Debtor 1 ar ☐ At least one                               |                | •         | noth or            |             | entire p      | roperty?    |                  | portion you                               | own?           |
|               | Otrici                        | inomation.  |               |  | At least one   | e or the debt  | ors and a | nomer              |             |               |             |                  |   |                |
|               |                               |   |               |  | Check if the (see instruction                              |                | unity pro | perty              |             |               | \$9,000     | 0.00             | \$  | 9,000.00       |
| .pa           | iges y                        | ou have attac                                     | hed for Part  | 2. Write thus the second secon | n for all of you<br>hat number he<br>ms<br>erest in any of | ere            |           |                    |             |               |             |                  | \$9,0                                     | 000.00 of the  |
|               |                               |   |               |  | ,  |                | <b>g</b>  |                    |             |               |             | <b>p</b> o<br>De | ortion you on the not deduct aims or exen | wn?<br>secured |
| E:            | kample<br>No                  | old goods and es: Major applia                    |               |  | china, kitchenv  | vare           |           |                    |             |               |             |                  |   |                |
|               | 100.                          | Describe  |               |  |  |                |           |                    |             |               |             |                  |   |                |
|               |                               |   | Househ        | old Furni  | iture  |                |           |                    |             |               |             | _                | •   | 1,500.00       |
| E:            | No                            | s: Televisions                                    | ell phones, c | ameras, me   | o, stereo, and dedia players, ga                           |                | pment; c  | omputers           | , printers, | , scanners    | ; music c   | ollection        | ns; electronic                            |                |
|               |                               |   | ∃3 IV's,      | 1 laptop,  | 1 tablet   |                |           |                    |             |               |             | _                |   | \$300.00       |
| E:            | kample<br>No                  | oles of value<br>es: Antiques an<br>other collect |               |  | orints, or other a   | artwork; boo   | oks, pict | ures, or o         | ther art ol | bjects; sta   | mp, coin,   | or base          | eball card co                             | llections;     |
| E             | kample<br>No                  | musical inst                                      | tographic, ex |  | d other hobby e  | equipment;     | bicycles  | , pool tabl        | les, golf c | llubs, skis;  | canoes a    | and kay          | aks; carpent                              | ry tools;      |
|               | Yes.                          | Describe  |               |  |  |                |           |                    |             |               |             |                  |   |                |
| I             | <b>irearm</b><br>Exampi<br>No |   | es, shotguns  | s, ammuniti  | on, and related  | l equipmen     | ıt        |                    |             |               |             |                  |   |                |

|                             | Case 18-80231  | Doc 1                  | Filed 02/05/18<br>Document                          | Entered 02/05/18 14:40:<br>Page 12 of 56 | 44 Desc Main                                |
|-----------------------------|--|------------------------|---|--|---|
| Debtor 1                    | Shannon N. Terpstra  | <b>a</b>               |   | Case number (if k                        | nown)                                       |
| ☐ Yes.                      | Describe   |                        |   |  |   |
| 11. Clothes  Examp  □ No    | s<br>les: Everyday clothes, fur  | s, leather coat        | s, designer wear, shoes,                            | accessories                              |   |
| Yes.                        | Describe   |                        |   |  |   |
|                             | Used (   | Clothing               |   |  | \$100.00                                    |
| ■ No                        |  | stume jewelry,         | engagement rings, wed                               | ding rings, heirloom jewelry, watches, g | ems, gold, silver                           |
| □ No                        | m animals les: Dogs, cats, birds, hor Describe   | ses                    |   |  |   |
|                             | 2 Dogs   | s, 3 Cats              |   |  | \$0.00                                      |
| 15. Add the for Part 4: Des | Give specific information.  ne dollar value of all of y rt 3. Write that number i  cribe Your Financial Asset n or have any legal or e | our entries fi<br>nere |   |  | Current value of the portion you own?       |
| ☐ No                        | les: Money you have in yo  |                        |   | osit box, and on hand when you file you  | Do not deduct secured claims or exemptions. |
|                             |  |                        |   | Cash                                     | \$10.00                                     |
| Examp  ☐ No                 |  |                        | al accounts; certificates occunts with the same ins |  | erage houses, and other similar             |
|                             | 17.1.  | Checking               | Rock Vall   | ey Federal Credit Union                  | \$120.00                                    |
|                             | 17.2.  | Savings                | Rock Vall   | ey Federal Credit Union                  | \$56.00                                     |
|                             | mutual funds, or public<br>les: Bond funds, investme   |                        |   | ney market accounts                      |   |
| ■ No                        |  | Institution or is      | -   |  |   |

Official Form 106A/B Schedule A/B: Property page 3

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Case number (if known) Document Debtor 1 Shannon N. Terpstra 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Institution name: Type of account: \$32,000.00 403(b) Voya 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information.....

| Debtor 1               | Shannon N. Terpstra  | Document                                  | Page 14 of 56 Case number (if known)               |                            |
|------------------------|--|---|--|----------------------------|
| 20210                  | Ondimon N. Terpetra  |   |  |                            |
|                        | amounts someone owes you<br>aples: Unpaid wages, disability insurance<br>benefits; unpaid loans you made t                   |   | nefits, sick pay, vacation pay, workers' compen    | sation, Social Security    |
|                        | . Give specific information  |   |  |                            |
| Exam<br>□ No           | ,  |   | (HSA); credit, homeowner's, or renter's insuran    | ce                         |
| ■ Yes                  | . Name the insurance company of each<br>Company name:  |   | Beneficiary:                                       | Surrender or refund value: |
|                        | Country Com  | naniao                                    | Minor obild  |                            |
|                        | Country Com  | panies                                    | Minor child  | Unknown                    |
| If you some ■ No □ Yes | are the beneficiary of a living trust, exponent has died.  Give specific information  s against third parties, whether or no | ect proceeds from a life i                | nsurance policy, or are currently entitled to rece | ive property because       |
| ■ No                   | pples: Accidents, employment disputes, i  Describe each claim  | insurance claims, or right                | ts to sue  |                            |
| ■ No                   | contingent and unliquidated claims of a contingent and unliquidated claims   | of every nature, includii                 | ng counterclaims of the debtor and rights to       | set off claims             |
| ■ No                   | nancial assets you did not already lis . Give specific information   | ot .                                      |  |                            |
|                        | •  | ,   | any entries for pages you have attached            | \$32,186.00                |
| Part 5: Do             | escribe Any Business-Related Property Yo   | ou Own or Have an Interest                | In. List any real estate in Part 1.                |                            |
| 37. <b>Do you</b>      | own or have any legal or equitable interes   | st in any business-related                | property?  |                            |
| ■ No. G                | to to Part 6.  |   |  |                            |
| ☐ Yes.                 | Go to line 38.   |   |  |                            |
| Part 6: De lf          | escribe Any Farm- and Commercial Fishin<br>you own or have an interest in farmland, list it                                  | g-Related Property You Ov<br>t in Part 1. | vn or Have an Interest In.                         |                            |
| 46. <b>Do yo</b>       | u own or have any legal or equitable   | interest in any farm- or                  | commercial fishing-related property?               |                            |
|                        | . Go to Part 7.  |   |  |                            |
| ☐ Ye                   | s. Go to line 47.  |   |  |                            |
| Part 7:                | Describe All Property You Own or Have  | e an Interest in That You Di              | id Not List Above                                  |                            |
|                        | u have other property of any kind you<br>aples: Season tickets, country club memi  |   |  |                            |

☐ Yes. Give specific information.......

Official Form 106A/B Schedule A/B: Property page 5 Case 18-80231 Doc 1 Filed 02/05/18 Entered 02/05/18 14:40:44 Desc Main Page 15 of 56

Case number (if known)

Document Debtor 1 Shannon N. Terpstra

54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$62,030.00 Part 2: Total vehicles, line 5 56. \$9,000.00 57. Part 3: Total personal and household items, line 15 \$1,900.00 Part 4: Total financial assets, line 36 58. \$32,186.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$43,086.00 \$43,086.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$105,116.00

Official Form 106A/B Schedule A/B: Property page 6

|                          |                                       | <u> </u>   |  |
|--------------------------|---------------------------------------|--|--|
| rmation to identify your | case:                                 |  |  |
| Shannon N. Terp          | stra                                  |  |  |
| First Name               | Middle Name                           | Last Name  |  |
|                          |                                       |  |  |
| First Name               | Middle Name                           | Last Name  |  |
| ankruptcy Court for the: | NORTHERN DISTRICT                     | OF ILLINOIS  |  |
|                          |                                       |  |  |
|                          |                                       |  | ☐ Check if this is a amended filing  |
|                          | Shannon N. Terp First Name First Name | Shannon N. Terpstra First Name Middle Name  First Name Middle Name | Shannon N. Terpstra First Name Middle Name Last Name  First Name Middle Name Last Name |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the / | <b>Property</b> | You | Claim | as | Exempt |
|---------|----------|-------|-----------------|-----|-------|----|--------|
|---------|----------|-------|-----------------|-----|-------|----|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |
| 1617 Pierce Avenue Rockford, IL<br>61103 Winnebago County                           | \$62,030.00                          |     | \$15,000.00   | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: 1.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2010 Honda Pilot 82000 miles Line from Schedule A/B: 3.1                            | \$9,000.00                           |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Ellie Holli Genedale FAB. G.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2010 Honda Pilot 82000 miles Line from Schedule A/B: 3.1                            | \$9,000.00                           |     | \$2,290.00  | 735 ILCS 5/12-1001(b)              |
| Ellie Holli Goricdale FAB. G.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Furniture   | \$1,500.00                           |     | \$1,500.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule AVD. 4.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3 TV's, 1 laptop, 1 tablet Line from Schedule A/B: 7.1                              | \$300.00                             |     | \$80.00   | 735 ILCS 5/12-1001(b)              |
| LINE HOTH Scriedule A/D. 1.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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Case number (if known)

| De | Shannon N. Terpsua  |                                      |         |   |                                    |
|----|---|--------------------------------------|---------|---|------------------------------------|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|    | Used Clothing Line from Schedule A/B: 11.1  | \$100.00                             |         | \$100.00  | 735 ILCS 5/12-1001(a)              |
|    | Elle Holli Golloddie 7VD.   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Cash Line from Schedule A/B: 16.1   | \$10.00                              |         | \$10.00   | 735 ILCS 5/12-1001(b)              |
|    | Line from Scriedule AVB. 10.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: Rock Valley Federal Credit<br>Union   | \$120.00                             |         | \$120.00  | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule A/B: 17.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 403(b): Voya Line from Schedule A/B: 21.1   | \$32,000.00                          |         | 100%  | 735 ILCS 5/12-1006                 |
|    | Life Holl Schedule AVD. 21.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Country Companies<br>Beneficiary: Minor child   | Unknown                              |         | 100%  | 215 ILCS 5/238                     |
|    | Line from Schedule A/B: 31.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 |                                      |         | led on or after the date of adjustmer                           | nt.)                               |
|    | ■ No  |                                      |         |   |                                    |
|    | Yes. Did you acquire the property covere  | ed by the exemption w                | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|    | □ No  |                                      |         |   |                                    |
|    | ☐ Yes   |                                      |         |   |                                    |

|                                      |                     | Document  | Page 1         | 8 of 56                            |  |                   |
|--------------------------------------|---------------------|---|----------------|------------------------------------|--|-------------------|
| Fill in this information             | to identify you     | r case:   |                |                                    |  |                   |
| Debtor 1 Sha                         | annon N. Teri       | nstra   |                |                                    |  |                   |
|                                      | Name                | Middle Name   | Last Name      |                                    | -                                      |                   |
| Debtor 2                             |                     |   |                |                                    |  |                   |
| (Spouse if, filing) First            | Name                | Middle Name   | Last Name      |                                    |  |                   |
| United States Bankrupto              | y Court for the:    | NORTHERN DISTRICT OF ILL  | INOIS          |                                    |  |                   |
| Case number                          |                     |   |                |                                    |  |                   |
| (if known)                           |                     |   |                |                                    | ☐ Check                                | if this is an     |
|                                      |                     |   |                |                                    | amend                                  | led filing        |
| Official Form 106                    | SD                  |   |                |                                    |  |                   |
|                                      |                     | Who Have Claims   | Sacura         | d by Propert                       | N/                                     | 12/15             |
| Scriedule D. C                       | <del>realiors</del> | WIIO Have Claims  | <u> Secure</u> | u by Propert                       | <u>y</u>                               | 12/13             |
|                                      |                     | f two married people are filing togeth<br>out, number the entries, and attach it          |                |                                    |  |                   |
| 1. Do any creditors have cl          | aims secured by     | your property?  |                |                                    |  |                   |
|                                      | •                   | is form to the court with your other  | schedules \    | ou have nothing else t             | o report on this form                  |                   |
| _                                    |                     | ·   | scriedules. I  | ou have nothing else t             | o report on this form.                 |                   |
| Yes. Fill in all of t                |                     | pelow.  |                |                                    |  |                   |
| Part 1: List All Secu                | red Claims          |   |                | O-1 A                              | Oakses D                               | 0-1               |
|                                      |                     | nore than one secured claim, list the cre   |                |                                    | Column B                               | Column C          |
|                                      |                     | a particular claim, list the other creditors<br>al order according to the creditor's name |                | Amount of claim  Do not deduct the | Value of collateral that supports this | Unsecured portion |
|                                      |                     |   |                | value of collateral.               | claim                                  | If any            |
| 2.1 Aqua Finance II  Creditor's Name | nc.                 | Describe the property that secures  | the claim:     | \$2,000.00                         | \$62,030.00                            | \$2,000.00        |
| Creditor's Name                      |                     | water softener  |                |                                    |  |                   |
|                                      |                     |   |                |                                    |  |                   |
| PO Box 844                           |                     | As of the date you file, the claim is: apply.   | Check all that |                                    |  |                   |
| Wausau, WI 544                       | 102                 | Contingent  |                |                                    |  |                   |
| Number, Street, City, Sta            | ite & Zip Code      | ☐ Unliquidated  |                |                                    |  |                   |
|                                      |                     | ☐ Disputed  |                |                                    |  |                   |
| Who owes the debt? Che               | eck one.            | Nature of lien. Check all that apply.   |                |                                    |  |                   |
| Debtor 1 only                        |                     | An agreement you made (such as  | mortgage or se | ecured                             |  |                   |
| Debtor 2 only                        |                     | car loan)   |                |                                    |  |                   |
| Debtor 1 and Debtor 2 o              |                     | Statutory lien (such as tax lien, me  | chanic's lien) |                                    |  |                   |
| ☐ At least one of the debto          |                     | ☐ Judgment lien from a lawsuit  | <b>-</b> :     |                                    |  |                   |
| Check if this claim rela             | ates to a           | Other (including a right to offset)   | Fixture Lie    | en - water softener                |  |                   |
| Date debt was incurred _             |                     | Last 4 digits of account num  | ber            |                                    |  |                   |
|                                      |                     |   |                |                                    |  |                   |
| 2.2 Quicken Loans                    |                     | Describe the property that secures  |                | \$62,532.00                        | \$62,030.00                            | \$502.00          |
| Creditor's Name                      |                     | 1617 Pierce Avenue Rockfo<br>61103 Winnebago County                                       | rd, IL         |                                    |  |                   |
| 1050 Woodward                        | 1 Avenue            | As of the date you file, the claim is:  | Check all that |                                    |  |                   |
| Detroit, MI 4822                     |                     | apply.  Contingent  |                |                                    |  |                   |
| Number, Street, City, Sta            |                     | ☐ Unliquidated  |                |                                    |  |                   |
|                                      | ·                   | Disputed  |                |                                    |  |                   |
| Who owes the debt? Che               | eck one.            | Nature of lien. Check all that apply.   |                |                                    |  |                   |
| Debtor 1 only                        |                     | ☐ An agreement you made (such as  | mortgage or se | ecured                             |  |                   |
| Debtor 2 only                        |                     | car loan)   |                |                                    |  |                   |
| Debtor 1 and Debtor 2 of             | -                   | Statutory lien (such as tax lien, me  | chanic's lien) |                                    |  |                   |
| At least one of the debto            |                     | ☐ Judgment lien from a lawsuit  |                |                                    |  |                   |
| Check if this claim rela             | ates to a           | Other (including a right to offset)   | First Mort     | gage                               |  |                   |

Last 4 digits of account number

Date debt was incurred 11/24/2015

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| Debtor 1 | Shannon N. Terp | stra        |           | Case number (if know) |  |
|----------|-----------------|-------------|-----------|-----------------------|--|
|          | First Name      | Middle Name | Last Name |                       |  |

| Add the dollar value of your entries in Column A on this page. Write that number here:                     | \$64,532.00 |
|--|-------------|
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | \$64,532.00 |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Debtor 1 Shannon N. Terpstra Debtor 2 (Signous II, Birling) First Name Modite Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Dead of the Case Case Case Case Case Case Case Cas   |   |  | Document  | Page 2                         | 0 of 56   |  |
|--|---|--|---|--------------------------------|---|--|
| Debtor 2 Goode f, tiling) First Name  Middle Name  Last Name  United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS  Case number  (if known)  Check if this is an amended filing  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NOIPRICRITY claims. List the other party to schedule of Executory Contracts and Unexpired Losses Official Form 1666). Do not include any creditors with partially secured claims that could result in a claim. Also list executory contracts and the spired Losses Official Form 1666). Do not include any creditors with partially secured claims that and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part 2: List All of Your PRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Part 2: List All of Your NONPRIORITY Unsecured Claims  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Part 2: List All of Your NonPriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims line the order of the creditor separately for each claim. For each claim line the creditor holds and particular claim, list the other creditors in Part 3. If more than one nonpriority unsecured claims line the c | Fill in this  | information to identify your   | case:   |                                |   |  |
| Debtor 2   Spouse 4, fling)   Frax Name   Middle Name   Last Name  | Debtor 1  | Shannon N. Terps   | stra  |                                |   |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (if known)  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unseprined leases that could result in a claim. Also late executory contracts on Schedule A/B: Property (Official Form 106/B/) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106/B/). Do not include any creditors with partially secured claims that are listed in left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part 13: List All of Your PRIORITY Unsecured Claims  1 Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  1 No. You have nothing to report in this part. Submit this form to the court with your other schedules.  1 Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the other creditors in Part 3. If you have more than three nonpriority unsecured claims in the other creditor separately for each claim. For each claim listed, identify what type of claim is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditor separately for each claim. For each claim listed, identify what type of claim is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  2 Capital O |   |  |   | Last Name                      |   |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (I known)  Check if this is an armended filing  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule & Executory Contracts and Unexpired Leases (Official Form 1666, Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page, If you have no information to report in a Part, do not tile that Part. On the top of any additional pages, write your name and case number (if known).  Part 3: List All ind Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor shape nonpriority unsecured claims fill out the Continuation Page of Part 2.  4.1 Capital One Bank USA NA  Nonpriority Creditor's Name  Attri: Bankruptcy Dept.  PO Box 30281  Salt Lake City, UT 84130  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only Disputed   |   | First Namo   | Middle Name   | Last Namo                      |   |  |
| Case number (if known)  Case number (if known)  Check if this is an amended filing  Check if this is an amended filing  Check if this is an amended filing  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases (Pricial Form 1066.) Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the fill. Attach the continuation Page to this page, if you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part 12: List All of Your PRIORITY Unsecured Claims  Do any creditors have priority unsecured claims against you?  No. Got o Part 2.  Yes.  Part 22: List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Part 22: List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is 5. Do not list claims afready included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured daims fill out the Continuation Page of Part 2.  Lat all of your nonpriority Creditors Name  Attn: Bankruptcy Dept. PO B | (Spouse II, IIIII)  | ig) i list Maille  |   |                                |   |  |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule D: Creditors With Partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims lift out the Continuation Page of Part 2.  Total claim  4.1 Capital One Bank USA NA  Attric Bankruptcy Dept. PO Box 30281  Salt Lake City, UT 84130  Number Sirect City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Disputed  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Disputed  | United Stat   | tes Bankruptcy Court for the:  | NORTHERN DISTRICT OF IL   | LINOIS                         |   |  |
| Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other parry to any executory contracts or unserpriced leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 9: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 9: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 9: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partial to ut, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim lists, didnift ywhat type of claim it is. Do not list claims already included in Part 1. If more than one creditor has more than | Case numb   | per  |   |                                |   |  |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule 6. Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule 6. Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule 6. Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule 6. Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule 6. Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule 7. Executory Contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule 6. Executory Contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule 6. Executory Contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule 6. Executory Contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule 7. Executory Contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule 7. Executory Contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule 7. Executory Contracts on Schedule Als: Property (Official Form 106A/B) and on Schedule 7. Executory Contracts on Information Paper 1. Information Paper 1. Executory Contracts on Information Paper 1. Information Paper 1. Executory Contracts on Information Paper 1. Executory Contracts on Part 2. Executory Contracts on Part 3. If you have more than three nonpriority unsecured claims fill of the Continuation Paper 1. Information Paper 1. Informatio | (if known)  |  |   |                                |   | ☐ Check if this is an  |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B. Property (Official Form 106/A) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106/G). Do not include any creditors with partially secured claims. List the other party to Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and class on number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2:  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  **Total claim**  **Total claim**  **Total claim**  Total claim**  Total claim**  **Total claim**  Total claim**  **Debtor 1 only**  Debtor 2 only**  Debtor 1 only**  Debtor 2 only*  Disputed  **Debtor 1 and Debtor 2 only*  Disputed   |   |  |   |                                |   | amended filing   |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B. Property (Official Form 106/A) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106/G). Do not include any creditors with partially secured claims. List the other party to Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and class on number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2:  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  **Total claim**  **Total claim**  **Total claim**  Total claim**  Total claim**  **Total claim**  Total claim**  **Debtor 1 only**  Debtor 2 only**  Debtor 1 only**  Debtor 2 only*  Disputed  **Debtor 1 and Debtor 2 only*  Disputed   | Official  | Form 106E/E  |   |                                |   |  |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).    Part 1: List All of Your PRIORITY Unsecured Claims   |   |  | ho Havo Uncocurad   | Claime                         |   | 12/15  |
| any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on Schedule D: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims shat are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part 11: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part 22: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  4.1 Capital One Bank USA NA Last 4 digits of account number 8775 \$13,966.00  When was the debt incurred? 2015  PO Box 30281  Salt Lake City, UT 84130  Number Street City State Zip Code Monitories the debt incurred? 2015  Debtor 1 and Debtor 2 only   Contingent   Unliquidated   Debtor 1 and Debtor 2 only   Disputed  |   |  |   |                                | 2 0 f litist- NON   |  |
| 1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Attn: Capital One Bank USA NA  Nonpriority Creditor's Name  Attn: Bankruptcy Dept. PO Box 30281  Salt Lake City, UT 84130  Number Street City, State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Contingent Debtor 2 only Disputed  1. Debtor 1 and Debtor 2 only Disputed  | Schedule G:<br>Schedule D:<br>left. Attach the<br>name and ca | Executory Contracts and Unexp<br>Creditors Who Have Claims Sec<br>he Continuation Page to this pag<br>use number (if known). | ired Leases (Official Form 106G). I<br>ured by Property. If more space is<br>le. If you have no information to re   | Do not include<br>needed, copy | any creditors with partially s<br>the Part you need, fill it out, | secured claims that are listed in number the entries in the boxes on the |
| No. Go to Part 2.    Yes.     Yes.     Yes.     No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.     No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.     No. You have nothing to report in this part. Submit this form to the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one ordeditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Total claim   |   |  |   |                                |   |  |
| Part 2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  4.1  Capital One Bank USA NA  Nonpriority Creditor's Name  Attn: Bankruptcy Dept. PO Box 30281  Salt Lake City, UT 84130  Number Street City, State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 Debtor 2 only Debtor 2 Debtor 3 Disputed   |   | • •  | a ciaims against you?   |                                |   |  |
| 3. Do any creditors have nonpriority unsecured claims against you?    No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.   | _   | Go to Part 2.  |   |                                |   |  |
| 3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  4.1  Capital One Bank USA NA  Last 4 digits of account number 8775  \$13,966.00  Nonpriority Creditor's Name  Attn: Bankruptcy Dept. PO Box 30281  Salt Lake City, UT 84130  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed  |   | List All of Vour NONDDIODIT  | V Unacquired Claims   |                                |   |  |
| No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  4.1  Capital One Bank USA NA  Nonpriority Creditor's Name  Attn: Bankruptcy Dept. PO Box 30281  Salt Lake City, UT 84130  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed  As of the date your file, the claim is: Check all that apply   |   |  |   |                                |   |  |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Total claim  |   |  |   |                                |   |  |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  Capital One Bank USA NA  Nonpriority Creditor's Name  Attn: Bankruptcy Dept. PO Box 30281  Salt Lake City, UT 84130  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Disputed  As of the date you file, the claim is: Check all that apply   | ⊔ No.`  | You have nothing to report in this p   | art. Submit this form to the court with   | your other sche                | edules.   |  |
| unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Capital One Bank USA NA  | Yes.  |  |   |                                |   |  |
| Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  Last 4 digits of account number 8775  When was the debt incurred? 2015  As of the date you file, the claim is: Check all that apply  \$13,966.00  \$13,966.00  | unsecur<br>than one   | ed claim, list the creditor separately   | y for each claim. For each claim listed   | d, identify what t             | type of claim it is. Do not list cl                               | aims already included in Part 1. If more                                 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  When was the debt incurred?  2015  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed   |   |  |   |                                |   | Total claim  |
| Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only When was the debt incurred?  2015  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  |   |  | Last 4 digits of acc  | ount number                    | 8775  | \$13,966.00  |
| PO Box 30281 Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed   |   |  | NATIo and a state of the state | . :                            | 2045  |  |
| Salt Lake City, UT 84130  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed   |   |  | when was the dep  | incurrea?                      | 2015  |  |
| Who incurred the debt? Check one.  ■ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed   | Sa  | It Lake City, UT 84130   |   |                                |   |  |
| ■ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed  |   |  | As of the date you  | file, the claim i              | is: Check all that apply  |  |
| ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed   | _   |  | _   |                                |   |  |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed  |   | •  | · ·   |                                |   |  |
| ·  |   | •  | •   |                                |   |  |
| Type of NONPRIORITY unsecured claims   |   | •  | .,  |                                |   |  |
|  |   | At least one of the debtors and and  | 50101   | RITY unsecured                 | d claim:  |  |
| ☐ Check if this claim is for a community  debt  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not  |   |  | numity  |                                |   |  |
| debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |   |  |   |                                | ration agreement or divorce th                                    | iat you did not  |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts   |   | •  |   |                                | g plans, and other similar deb                                    | ts   |
| ☐ Yes ☐ Other. Specify Credit Card Purchases   |   |  | Other Specify   | Credit Card                    | I Purchases   |  |

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Debtor 1 Shannon N. Terpstra Case number (if know) 4.2 **Chase Bank USA** Last 4 digits of account number 5874 \$466.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 2017 PO Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card Purchases ☐ Yes 4.3 **Connexus Credit Union** Last 4 digits of account number 4875 \$2,446.00 Nonpriority Creditor's Name 2600 Pine Ridge Boulevard When was the debt incurred? 2016 Wausau, WI 54401 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Line of Credit ☐ Yes **Mercy Health System** 4.4 \$1,889.00 Last 4 digits of account number 4318 Nonpriority Creditor's Name 1000 Mineral Point Avenue When was the debt incurred? 2016 Janesville, WI 53548 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes

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Case number (if know)

| Debtor             | Shannon N. Terpstra  |  | Case number (if know)                           |                           |
|--------------------|--|--|---|---------------------------|
|                    | Mercy Health System  | Last 4 digits of account number  | 1918  | \$72.88                   |
|                    | Nonpriority Creditor's Name 1000 Mineral Point Avenue Janesville, WI 53548   | When was the debt incurred?  | 2016  | -                         |
|                    | Number Street City State Zlp Code  | As of the date you file, the claim   | is: Check all that apply                        |                           |
|                    | Who incurred the debt? Check one.  |  |   |                           |
|                    | ■ Debtor 1 only  | ☐ Contingent   |   |                           |
|                    | Debtor 2 only  | ☐ Unliquidated   |   |                           |
|                    | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                           |
|                    | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | ed claim:                                       |                           |
|                    | ☐ Check if this claim is for a community   | ☐ Student loans  |   |                           |
|                    | debt   | ☐ Obligations arising out of a sep   | paration agreement or divorce that you did not  |                           |
|                    | Is the claim subject to offset?  | report as priority claims  |   |                           |
|                    | No   | Debts to pension or profit-shar  | ing plans, and other similar debts              |                           |
|                    | Yes  | Other. Specify Medical D   | ebt   | -                         |
| 4.6                | United Consumer Fin SVC  | Last 4 digits of account number  | 5147  | \$452.00                  |
|                    | Nonpriority Creditor's Name Attn: Bankruptcy Dept. 865 Bassett   | When was the debt incurred?  | 2016  | -                         |
|                    | Westlake, OH 44145   |  |   |                           |
| _                  | Number Street City State Zlp Code  | As of the date you file, the claim   | is: Check all that apply                        |                           |
|                    | Who incurred the debt? Check one.  |  |   |                           |
|                    | Debtor 1 only  | ☐ Contingent   |   |                           |
|                    | ☐ Debtor 2 only  | ☐ Unliquidated   |   |                           |
|                    | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                           |
|                    | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | ed claim:                                       |                           |
|                    | ☐ Check if this claim is for a community   | ☐ Student loans  |   |                           |
|                    | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepreport as priority claims  | paration agreement or divorce that you did not  |                           |
|                    | ■ No   | Debts to pension or profit-shar  | ing plans, and other similar debts              |                           |
|                    | Yes  | Other. Specify Credit Ext  | ension  | _                         |
| Part 3:            | List Others to Be Notified About a Del   | ot That You Already Listed   |   |                           |
| is tryin<br>have n | is page only if you have others to be notified a<br>ng to collect from you for a debt you owe to so<br>nore than one creditor for any of the debts tha<br>d for any debts in Parts 1 or 2, do not fill out o | meone else, list the original creditor in the control of the contr | in Parts 1 or 2, then list the collection agenc | y here. Similarly, if you |
|                    |  | On which entry in Part 1 or Part 2 did yo  | _   |                           |
| Equifa<br>PO Bo    | x<br>x 740256  |  | Part 1: Creditors with Priority Unsecured Cla   |                           |
|                    | a, GA 30374  |  | Part 2: Creditors with Nonpriority Unsecured    | Claims                    |
|                    |  | Last 4 digits of account number  |   |                           |
|                    |  | On which entry in Part 1 or Part 2 did yo  |   |                           |
| Experi             | an<br>ox 4500  |  | Part 1: Creditors with Priority Unsecured Cla   |                           |
|                    | TX 75013   |  | Part 2: Creditors with Nonpriority Unsecured    | Claims                    |
| - ,                |  | Last 4 digits of account number  |   |                           |
| Name an            | nd Address   | On which entry in Part 1 or Part 2 did yo  | u list the original creditor?                   |                           |
| Transl             |  | · · · · · · · · · · · · · · · · · · ·  | ☐ Part 1: Creditors with Priority Unsecured Cla | ims                       |
|                    | est Adams Street   |  | Part 2: Creditors with Nonpriority Unsecured    |                           |
| Chicag             | go, IL 60661   | Last 4 digits of account number  |   |                           |
|                    |  | Last - digits of account number  |   |                           |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

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### Debtor 1 Shannon N. Terpstra

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. |   | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>19,291.88 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>19,291.88 |

|   |                         |                   | 111 1 11111 27 01 30 |  |
|---|-------------------------|-------------------|----------------------|--|
| Fill in this infor                      | mation to identify your | case:             |                      |  |
| Debtor 1                                | Shannon N. Terp         | stra              |                      |  |
|   | First Name              | Middle Name       | Last Name            |  |
| Debtor 2                                |                         |                   |                      |  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name            |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS          |  |
| Case number                             |                         |                   |                      |  |
| (if known)                              |                         |                   |                      |  |
|   |                         |                   |                      |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with | n whom you have the<br>er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|----------------|--|-------------------|---|
| 2.1 |           |                |  |                   |   |
|     | Name      |                |  |                   |   |
|     | Number    | Street         |  |                   | _                                       |
|     | City      |                | State  | ZIP Code          | _                                       |
| 2.2 |           |                |  |                   |   |
|     | Name      |                |  |                   |   |
|     | Number    | Street         |  |                   | _                                       |
|     | City      |                | State  | ZIP Code          | <del>_</del>                            |
| 2.3 | <u> </u>  |                | Oldio  | 211 0000          |   |
|     | Name      |                |  |                   |   |
|     | Number    | Street         |  |                   | _                                       |
|     | City      |                | State  | ZIP Code          |   |
| 2.4 |           |                |  |                   |   |
|     | Name      |                |  |                   | _                                       |
|     | Number    | Street         |  |                   |   |
|     | City      |                | State  | ZIP Code          |   |
| 2.5 |           |                |  |                   |   |
|     | Name      |                |  |                   |   |
|     | Number    | Street         |  |                   | _                                       |
|     | City      |                | State  | ZIP Code          | <del>_</del>                            |
|     |           |                |  |                   |   |

|                           |   | Docume                          | ent Page 25 d                           | of 56  |                                    |
|---------------------------|---|---------------------------------|---|--|------------------------------------|
| Fill in thi               | is information to identify you  | r case:                         |   |  |                                    |
|                           |   |                                 |   |  |                                    |
| Debtor 1                  | Shannon N. Terp   | Ostra<br>Middle Name            | Last Name                               |  |                                    |
| D-64 0                    | Filst Name  | Middle Name                     | Last Name                               |  |                                    |
| Debtor 2<br>(Spouse if, f | iling) First Name   | Middle Name                     | Last Name                               |  |                                    |
| ,                         | 3,  |                                 |   |  |                                    |
| United St                 | tates Bankruptcy Court for the:   | NORTHERN DISTRICT               | OF ILLINOIS                             |  |                                    |
| _                         |   |                                 |   |  |                                    |
| Case nur                  | mber  |                                 |   |  | Chook if this is an                |
| (ii idiowii)              |   |                                 |   |  | Check if this is an amended filing |
|                           |   |                                 |   |  | amended ming                       |
| Officia                   | al Form 106H  |                                 |   |  |                                    |
|                           |   |                                 |   |  |                                    |
| Sche                      | dule H: Your Cod  | debtors                         |   |  | 12/15                              |
|                           |   |                                 |   |  |                                    |
| your nam                  | and number the entries in the end case number (if known by you have any codebtors? (i | n). Answer every question       |   | to this page. On the top of any Ac   | aumonai rayes, write               |
|                           |   |                                 |   |  |                                    |
| ■ No                      | 0   |                                 |   |  |                                    |
| □ Ye                      | es  |                                 |   |  |                                    |
| 2 14/                     | ithin the lest 0 years, have ye   | lived in a community m          |   | <b>2</b> (Community management)  | al ta mita nia a in alcoda         |
|                           | ona, California, Idaho, Louisian  |                                 |   | r <b>y?</b> (Community property states and ington, and Wisconsin)  | a territories include              |
| 7 11120                   | ma, camorna, raano, coalciano   | a, 1101aaa, 11011 1110x100, 1 a | iono moo, roxao, maon                   | inigion, and widomain.   |                                    |
| ■ No                      | o. Go to line 3.  |                                 |   |  |                                    |
| □Y€                       | es. Did your spouse, former spo   | ouse, or legal equivalent live  | e with you at the time?                 |  |                                    |
|                           |   | 3                               | , |  |                                    |
| in lir<br>Forn            | ne 2 again as a codebtor only   | if that person is a guaran      | tor or cosigner. Make                   | r if your spouse is filing with you<br>sure you have listed the creditor<br>06G). Use Schedule D, Schedule | on Schedule D (Official            |
|                           | Column 1: Your codebtor   |                                 |   | Column 2: The creditor to w  |                                    |
|                           | Name, Number, Street, City, State and   | ZIP Code                        |   | Check all schedules that appl  | y:                                 |
| 0.4                       |   |                                 |   | Пол. н. в. н   |                                    |
| 3.1                       | Name  |                                 |   | U Schedule D, line   |                                    |
|                           | Name  |                                 |   | ☐ Schedule E/F, line   |                                    |
|                           |   |                                 |   | ☐ Schedule G, line   |                                    |
|                           | Number Street   |                                 |   | _  |                                    |
|                           | City  | State                           | ZIP Code                                |  |                                    |
|                           |   |                                 |   |  |                                    |
| 3.2                       |   |                                 |   | □ Sabadula D. lina   |                                    |
| 3.2                       | Name  |                                 |   | Schedule D, line   | —                                  |
|                           | •   |                                 |   | ☐ Schedule E/F, line   |                                    |
|                           |   |                                 |   | ☐ Schedule G, line   |                                    |
|                           | Number Street   |                                 |   |  |                                    |
|                           | City  | State                           | ZIP Code                                |  |                                    |

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| Fill               | in this information to identify your c  | ase.                         |                                     |             |         |                  |              |                          |                          |
|--------------------|---|------------------------------|-------------------------------------|-------------|---------|------------------|--------------|--------------------------|--------------------------|
|                    | otor 1 Shannon N.   |                              |                                     |             |         |                  |              |                          |                          |
|                    | otor 2  |                              |                                     |             | _       |                  |              |                          |                          |
| Uni                | ted States Bankruptcy Court for the   | : NORTHERN DISTRIC           | CT OF ILLINOIS                      |             | _       |                  |              |                          |                          |
|                    | se number<br>nown)  |                              |                                     |             |         |                  | nded filing  | 0 1                      | etition chapter<br>date: |
|                    | fficial Form 106I   |                              |                                     |             |         | MM / D           | D/ YYYY      |                          |                          |
| S                  | chedule I: Your Inc   | ome                          |                                     |             |         |                  |              |                          | 12/1                     |
| spo<br>atta<br>Par | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | ır spouse is not filing wi   | ith you, do not inclu               | de inforn   | natio   | n about your     | spouse. If r | nore spac                | ce is needed,            |
| 1.                 | Fill in your employment information.  |                              | Debtor 1                            |             | Debt    | or 2 or non-     | -filing spo  | ouse                     |                          |
|                    | If you have more than one job, attach a separate page with  | Employment status            | ■ Employed                          |             |         | nployed          |              |                          |                          |
|                    | information about additional  | ,,                           | ☐ Not employed                      |             |         | □N               | ot employed  |                          |                          |
|                    | employers.  | Occupation                   | MPI Analyst                         |             |         |                  |              |                          |                          |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name              | Mercy Health S                      | ystem       |         |                  |              |                          |                          |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address           | 1000 Mineral Po<br>Janesville, WI 5 |             | nue     |                  |              |                          |                          |
|                    |   | How long employed the        | here? <u>12 1/2 y</u>               | years       |         |                  |              |                          |                          |
| Par                | Give Details About Mor  | nthly Income                 |                                     |             |         |                  |              |                          |                          |
|                    | mate monthly income as of the duse unless you are separated.  | ate you file this form. If y | you have nothing to r               | eport for a | any lii | ne, write \$0 in | the space. I | nclude you               | ur non-filing            |
|                    | u or your non-filing spouse have mee space, attach a separate sheet to  |                              | ombine the informatio               | n for all e | mplo    | yers for that p  | erson on the | lines belo               | w. If you need           |
|                    |   |                              |                                     |             |         | For Debtor 1     |              | ebtor 2 or<br>iling spou |                          |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |                              |                                     | 2.          | \$_     | 3,739.0          | <b>55</b> \$ |                          | N/A                      |
| 3.                 | Estimate and list monthly overt   | ime pay.                     |                                     | 3.          | +\$_    | 0.0              | -\$_         |                          | N/A                      |

Calculate gross Income. Add line 2 + line 3.

3,739.65

N/A

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| Debtor        | or 1 Shannon N. Terpstra   |             | Case r   | number (if known) |       |                            |                 |
|---------------|--|-------------|----------|-------------------|-------|----------------------------|-----------------|
|               |  |             | For      | Debtor 1          | non-f | ebtor 2 or<br>iling spouse |                 |
| (             | Copy line 4 here   | 4.          | \$       | 3,739.65          | _ \$  | N/A                        | _               |
| 5. <b>L</b>   | List all payroll deductions:   |             |          |                   |       |                            |                 |
| 5             | 5a. Tax, Medicare, and Social Security deductions  | 5a.         | \$       | 740.18            | \$    | N/A                        |                 |
| 5             | 5b. Mandatory contributions for retirement plans   | 5b.         | \$       | 0.00              | \$    | N/A                        | _               |
|               | 5c. Voluntary contributions for retirement plans   | 5c.         | \$       | 149.59            | - '   | N/A                        | _               |
|               | 5d. Required repayments of retirement fund loans   | 5d.         | \$       | 0.00              |       | N/A                        | _               |
|               | 5e. Insurance  | 5e.         | \$<br>\$ | 289.16            | —     | N/A                        | _               |
|               | 5f. Domestic support obligations 5g. Union dues  | 5f.<br>5g.  | *<br>*   | 0.00              |       | N/A<br>N/A                 | _               |
|               | 5h. Other deductions. Specify: Life Insurance  | 5g.<br>5h.+ | _ :      | 14.63             | - '   | N/A                        | _               |
|               | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          | \$       | 1,193.56          | - :   | N/A                        | =               |
|               | Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.          | \$<br>\$ |                   | · · — |                            | -               |
|               |  | 7.          | Ψ        | 2,546.09          | - Ψ   | N/A                        | -               |
|               | List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |             |          |                   |       |                            |                 |
|               | monthly net income.  | 8a.         | \$       | 0.00              | —     | N/A                        | _               |
|               | 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a depen-  | 8b.         | \$       | 0.00              | \$    | N/A                        | _               |
| C             | 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | ent<br>8c.  | \$       | 0.00              | \$    | N/A                        |                 |
| 8             | 8d. Unemployment compensation  | 8d.         | \$       | 0.00              |       | N/A                        | _               |
| 8             | 8e. Social Security  | 8e.         | \$       | 0.00              | \$    | N/A                        | _               |
| 3             | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:   |             | \$       | 0.00              | \$    | N/A                        |                 |
| 8             | 8g. Pension or retirement income   | 8g.         | \$       | 0.00              | \$    | N/A                        | _               |
| 8             | 8h. Other monthly income. Specify: Tax Refund  | 8h.+        | \$       | 75.00             | + \$  | N/A                        | _               |
| 9.            | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$       | 75.00             | \$    | N/A                        | A               |
| 10 (          | Calculate monthly income. Add line 7 + line 9.   | 10. \$      | •        | 2,621.09 + \$     |       | N/A = \$                   | 2,621.09        |
|               | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.         |          | 1,021.03          |       | - TVA                      | 2,021.03        |
| 11. <b>\$</b> | State all other regular contributions to the expenses that you list in <i>Sche</i> Include contributions from an unmarried partner, members of your household, other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are Specify:   | your depen  |          | •                 | •     | hedule J.<br>11. +\$       | 0.00            |
| ١             | Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Capplies   |             |          |                   |       | 12. \$                     | 2,621.09        |
| _             | Do you expect an increase or decrease within the year after you file this to the second secon | form?       |          |                   |       | Combi<br>month             | ned<br>y income |

Official Form 106I Schedule I: Your Income page 2

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| Fill | in this information to identify your case:   |                       |                 |   |   |
|------|--|-----------------------|-----------------|---|---|
| Deb  | otor 1 Shannon N. Terpstra   |                       | Chec            | k if this is:   |   |
|      | otor 2 ouse, if filing)  |                       |                 | An amended filing<br>A supplement shov<br>13 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN  | OIS                   | 1               | MM / DD / YYYY  |   |
|      | e number   |                       |                 |   |   |
|      | nown)  |                       |                 |   |   |
| 0    | fficial Form 106J  |                       |                 |   |   |
|      | chedule J: Your Expenses   |                       |                 |   | 12/15   |
| info | as complete and accurate as possible. If two married people ar<br>ormation. If more space is needed, attach another sheet to this a<br>mber (if known). Answer every question.                       |                       |                 |   |   |
| Par  | t 1: Describe Your Household Is this a joint case?   |                       |                 |   |   |
| ••   | ■ No. Go to line 2.  |                       |                 |   |   |
|      | Yes. Does Debtor 2 live in a separate household?   |                       |                 |   |   |
|      | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>   | for Separate House    | hold of Debt    | or 2.   |   |
| 2.   | Do you have dependents? ☐ No   |                       |                 |   |   |
|      | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent  | Dependent's relation  |                 | Dependent's age   | Does dependent live with you?                 |
|      | Do not state the   | 0.5.5                 |                 | 40  | □ No  |
|      | dependents names.  | Son                   |                 | 13  | ■ Yes<br>□ No                                 |
|      |  | Father                |                 | 81  | ■ Yes   |
|      |  |                       |                 |   | □ No<br>□ Yes                                 |
|      |  |                       |                 |   | □ No  |
| 2    | De very every experience in clouds   |                       |                 |   | ☐ Yes   |
| 3.   | Do your expenses include expenses of people other than yourself and your dependents?   |                       |                 |   |   |
|      | yourself and your dependents?  |                       |                 |   |   |
| Est  | t 2: Estimate Your Ongoing Monthly Expenses<br>cimate your expenses as of your bankruptcy filing date unless y<br>benses as of a date after the bankruptcy is filed. If this is a suppolicable date. |                       |                 |   |   |
| the  | lude expenses paid for with non-cash government assistance invalue of such assistance and have included it on Schedule I: Yeficial Form 106I.)   |                       |                 | Your expo   | enses   |
| 4.   | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.  | nclude first mortgage | 4. \$           |   | 602.00  |
|      | If not included in line 4:   |                       |                 |   |   |
|      | 4a. Real estate taxes  |                       | 4a. \$          |   | 0.00  |
|      | 4b. Property, homeowner's, or renter's insurance   |                       | 4a. \$          |   | 0.00  |
|      | 4c. Home maintenance, repair, and upkeep expenses  |                       | 4c. \$          |   | 75.00   |
| 5.   | 4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as ho   | me equity loans       | 4d. \$<br>5. \$ |   | 0.00  |

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| Debto | Shannon N. Terpstra  | Case num | ber (if known)     |                         |
|-------|--|----------|--------------------|-------------------------|
| 6.    | Jtilities:   |          |                    |                         |
| -     | Sa. Electricity, heat, natural gas   | 6a.      | \$                 | 215.00                  |
|       | Sb. Water, sewer, garbage collection   | 6b.      | ·                  | 70.00                   |
|       | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.      |                    | 350.00                  |
|       | 6d. Other. Specify:  | 6d.      |                    | 0.00                    |
|       | Food and housekeeping supplies   | - 7.     |                    | 560.00                  |
|       | Childcare and children's education costs   | 8.       | \$                 | 30.00                   |
|       | Clothing, laundry, and dry cleaning  | 9.       |                    | 65.00                   |
|       | Personal care products and services  | 10.      |                    | 75.00                   |
|       | Medical and dental expenses  | 11.      | · -                | 40.00                   |
|       | Fransportation. Include gas, maintenance, bus or train fare.   | 11.      | Ψ                  | 40.00                   |
|       | Oo not include car payments.   | 12.      | \$                 | 175.00                  |
|       | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.      | \$                 | 125.00                  |
|       | Charitable contributions and religious donations   | 14.      | ·                  | 0.00                    |
|       | nsurance.  |          | <b>–</b>           | 0.00                    |
| -     | Do not include insurance deducted from your pay or included in lines 4 or 20.  |          |                    |                         |
|       | 15a. Life insurance  | 15a.     | \$                 | 0.00                    |
|       | 15b. Health insurance  | 15b.     |                    | 0.00                    |
|       | 15c. Vehicle insurance   | 15c.     |                    | 67.00                   |
|       | 15d. Other insurance. Specify:   | 15d.     | •                  | 0.00                    |
|       | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  |          | <b>—</b>           | 0.00                    |
|       | Specify:   | 16.      | \$                 | 0.00                    |
| 7.    | nstallment or lease payments:  | _        |                    |                         |
|       | 17a. Car payments for Vehicle 1  | 17a.     | \$                 | 0.00                    |
|       | 17b. Car payments for Vehicle 2  | 17b.     | \$                 | 0.00                    |
|       | 17c. Other. Specify:   | 17c.     | \$                 | 0.00                    |
|       | 17d. Other. Specify:   | 17d.     | \$                 | 0.00                    |
|       | Your payments of alimony, maintenance, and support that you did not report as  | _        |                    |                         |
|       | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.      | · ·                | 0.00                    |
|       | Other payments you make to support others who do not live with you.  |          | \$                 | 0.00                    |
|       | Specify:   | 19.      |                    |                         |
|       | Other real property expenses not included in lines 4 or 5 of this form or on Schedi  |          |                    |                         |
|       | 20a. Mortgages on other property   | 20a.     | · ·                | 0.00                    |
|       | 20b. Real estate taxes   | 20b.     |                    | 0.00                    |
|       | 20c. Property, homeowner's, or renter's insurance  | 20c.     |                    | 0.00                    |
|       | 20d. Maintenance, repair, and upkeep expenses  | 20d.     | \$                 | 0.00                    |
|       | 20e. Homeowner's association or condominium dues   | 20e.     | \$                 | 0.00                    |
| 1.    | Other: Specify: Birthdays/Holidays/Haircuts  | 21.      | +\$                | 70.00                   |
| 2     | Calculate your monthly expenses  |          |                    |                         |
|       | 22a. Add lines 4 through 21.   |          | \$                 | 2,519.00                |
|       | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$                 | 2,313.00                |
|       |  |          |                    | 0.540.00                |
|       | 22c. Add line 22a and 22b. The result is your monthly expenses.  |          | \$                 | 2,519.00                |
| 3.    | Calculate your monthly net income.   |          |                    |                         |
|       | 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | \$                 | 2,621.09                |
|       | 23b. Copy your monthly expenses from line 22c above.   | 23b.     | -\$                | 2,519.00                |
|       |  |          |                    |                         |
|       | 23c. Subtract your monthly expenses from your monthly income.  |          |                    | 400.00                  |
|       | The result is your monthly net income.   | 23c.     | \$                 | 102.09                  |
|       |  | en a a   |                    |                         |
|       | Do you expect an increase or decrease in your expenses within the year after you   |          |                    | o or docroses because : |
|       | For example, do you expect to finish paying for your car loan within the year or do you expect your m<br>nodification to the terms of your mortgage? | iorigage | payment to increas | e or decrease decadse ( |
|       | No.  |          |                    |                         |
|       |  |          |                    |                         |
|       | □ Yes □ Explain here:  |          |                    |                         |

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| Fill in th              | nis informa | tion to identify your                     | case:                  |                |                    |                    |  |
|-------------------------|-------------|---|------------------------|----------------|--------------------|--------------------|--|
| Debtor 1                | Ī           | Shannon N. Terps                          |                        |                |                    |                    |  |
| Dobtor                  |             | First Name                                | Middle Name            | Lá             | ast Name           |                    |  |
| Debtor 2<br>(Spouse if, |             | First Name                                | Middle Name            | La             | ast Name           |                    |  |
| United S                | States Bank | ruptcy Court for the:                     | NORTHERN DISTR         | ICT OF ILLING  | DIS                |                    |  |
| Case nu                 | ımbor       |   |                        |                |                    |                    |  |
| (if known)              |             |   |                        |                |                    |                    | ☐ Check if this is an amended filing   |
| Officia                 | al Form     | 106Dec                                    |                        |                |                    |                    |  |
| Dec                     | laratio     | n About a                                 | n Individu             | al Debt        | or's Sch           | nedules            | 12/15  |
| years, oi               | Sign B      | J.S.C. §§ 152, 1341, 1<br>Below           | 519, and 3571.         |                |                    |                    |  |
| Dic                     | d you pay o | or agree to pay some                      | one who is NOT an a    | ttorney to hel | p you fill out bar | nkruptcy forms?    |  |
| •                       | No          |   |                        |                |                    |                    |  |
|                         | Yes. Nar    | me of person                              |                        |                |                    |                    | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                         |             | of perjury, I declare<br>rue and correct. | that I have read the s | ummary and     | schedules filed    | with this declarat | ion and  |
| Х                       | /s/ Shann   | on N. Terpstra                            |                        | х              |                    |                    |  |
|                         |             | N. Terpstra                               |                        |                | Signature of Do    | ebtor 2            |  |
|                         | Date Fel    | bruary 5, 2018                            |                        |                | Date               |                    |  |

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| Fill       | in this inform            | nation to identify you  | r case:  |                                    |  |                                    |  |  |  |
|------------|---------------------------|---|--|------------------------------------|--|------------------------------------|--|--|--|
| Deb        | otor 1                    | Shannon N. Teri   | ostra  |                                    |  |                                    |  |  |  |
|            |                           | First Name  | Middle Name  | Last Name                          |  |                                    |  |  |  |
|            | otor 2<br>use if, filing) | First Name  | Middle Name  | Last Name                          |  |                                    |  |  |  |
| Unit       | ted States Bar            | nkruptcy Court for the:   | NORTHERN DISTRICT (  | OF ILLINOIS                        |  |                                    |  |  |  |
| Cas        | se number                 |   |  |                                    |  |                                    |  |  |  |
|            | own)                      |   |  |                                    | _  | Check if this is an mended filing  |  |  |  |
| <b>~</b> ( | <i></i>                   | 4.0=  |  |                                    |  |                                    |  |  |  |
|            | ficial For                |   | Accessor Complex districts   | larata Ellina Can D                |  |                                    |  |  |  |
|            |                           |   | Affairs for Individ  |                                    |  | 4/10                               |  |  |  |
|            |                           |   |  |                                    | equally responsible for sup<br>additional pages, write you     |                                    |  |  |  |
| num        | ber (if known             | ). Answer every que   | stion.   |                                    |  |                                    |  |  |  |
| Par        | t 1: Give D               | etails About Your Ma  | arital Status and Where You  | Lived Before                       |  |                                    |  |  |  |
| 1.         | What is your              | current marital statu   | ıs?  |                                    |  |                                    |  |  |  |
|            | ☐ Married                 |   |  |                                    |  |                                    |  |  |  |
|            | ■ Not mar                 | ried  |  |                                    |  |                                    |  |  |  |
| 2.         | During the la             | ıst 3 years, have you   | lived anywhere other than  | where you live now?                |  |                                    |  |  |  |
|            | ■ No                      |   |  |                                    |  |                                    |  |  |  |
|            | _                         | ist all of the places you lived in the last 3 years. Do not include where you live now. |  |                                    |  |                                    |  |  |  |
|            | Debtor 1 Pri              | or Address:   | Dates Debtor 1   | Debtor 2 Prior Ad                  | dress:   | Dates Debtor 2                     |  |  |  |
|            |                           |   | lived there  |                                    |  | lived there                        |  |  |  |
|            |                           |   |  |                                    | ity property state or territory<br>co, Texas, Washington and W |                                    |  |  |  |
|            | ■ No                      |   |  |                                    |  |                                    |  |  |  |
|            | ☐ Yes. Ma                 | ke sure you fill out <i>Scl</i>   | nedule H: Your Codebtors (Of   | fficial Form 106H).                |  |                                    |  |  |  |
| Par        | t 2 Explain               | n the Sources of You  | r Income   |                                    |  |                                    |  |  |  |
| 4.         | Fill in the tota          | I amount of income yo   | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-    |  | ndar years?                        |  |  |  |
|            | □ No                      |   |  |                                    |  |                                    |  |  |  |
|            | Yes. Fill                 | in the details.   |  |                                    |  |                                    |  |  |  |
|            |                           |   | Debtor 1   |                                    | Debtor 2   |                                    |  |  |  |
|            |                           |   | Sources of income  | Gross income                       | Sources of income  | Gross income                       |  |  |  |
|            |                           |   | Check all that apply.  | (before deductions and exclusions) | Check all that apply.  | (before deductions and exclusions) |  |  |  |
|            | •                         | of current year until<br>d for bankruptcy:  | ■ Wages, commissions, bonuses, tips  | \$1,600.00                         | ☐ Wages, commissions, bonuses, tips                            |                                    |  |  |  |
|            |                           |   | ☐ Operating a business   |                                    | ☐ Operating a business   |                                    |  |  |  |

Official Form 107

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|    |                       |   |  |   | Debtor 1   |  | Debtor 2   |                          |   |
|----|-----------------------|---|--|---|--|--|--|--------------------------|---|
|    |                       |   |  |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of inco  |                          | Gross income<br>(before deductions<br>and exclusions) |
|    |                       |   | dar year:<br>December                      | 31, 2017 )  | ■ Wages, commissions, bonuses, tips  | \$44,875.65  | ☐ Wages, comr<br>bonuses, tips                                     | missions,                |   |
|    |                       |   |  |   | ☐ Operating a business   |  | ☐ Operating a b  | ousiness                 |   |
|    |                       |   | lar year be<br>December                    | efore that:<br>31, 2016)  | ■ Wages, commissions, bonuses, tips  | \$38,975.00  | ☐ Wages, comr<br>bonuses, tips                                     | nissions,                |   |
|    |                       |   |  |   | ☐ Operating a business   |  | ☐ Operating a b  | ousiness                 |   |
| 5. | Include and or winnir | de inc<br>ther p<br>ngs. I<br>ach s<br>No | ome regard<br>public bene<br>f you are fil | dless of wheth<br>fit payments;<br>ling a joint cas<br>the gross inco | e during this year or the two<br>er that income is taxable. Ex-<br>pensions; rental income; inter<br>e and you have income that your<br>me from each source separa | amples of other income are a<br>rest; dividends; money collec<br>you received together, list it o  | alimony; child suppo<br>ted from lawsuits; r<br>only once under De | oyalties; and<br>btor 1. |   |
|    |                       |   |  |   | Debtor 1   |  | Debtor 2   |                          |   |
|    |                       |   |  |   | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of inco<br>Describe below.                                 | ome                      | Gross income<br>(before deductions<br>and exclusions) |
|    |                       |   | lar year be<br>December                    | efore that:<br>31, 2016)  | Capital Gains  | \$6,284.00   |  |                          |   |
|    |                       |   |  |   | Reimbursements   | \$2,500.00   |  |                          |   |
| Pa | rt 3:                 | List                                      | Cortain Br                                 | avmonte Vou   | Made Before You Filed for  | Rankruptov   |  |                          |   |
|    |                       |   |  |   |  |  |  |                          |   |
| 6. | _                     | ither<br>No.                              | Neither D                                  | ebtor 1 nor D   | s debts primarily consume<br>ebtor 2 has primarily consu<br>personal, family, or househo   | u <mark>mer debts.</mark> Consumer debt  | s are defined in 11  | U.S.C. § 10              | 1(8) as "incurred by an                               |
|    |                       |   | _ `  | •   | re you filed for bankruptcy, di  | id you pay any creditor a tota   | of \$6,425* or more  | e?                       |   |
|    |                       |   | □ <sub>No.</sub>                           | Go to line 7  | each creditor to whom you pai  | id a total of \$6 425* or more i   | in one or more payr  | ments and th             | ne total amount vou                                   |
|    |                       |   |  | paid that cre<br>not include  | editor. Do not include paymer payments to an attorney for the con 4/01/19 and every 3 year   | nts for domestic support obliques to the state of the support obliques to the state of the state | gations, such as chi   | ld support a             | nd alimony. Also, do                                  |
|    | _ 、                   |   | •  | •   | , ,  |  | or after the date of   | adjustinont              | •   |
|    |                       | Yes.                                      | During the                                 |   | r both have primarily consure you filed for bankruptcy, di   |  | I of \$600 or more?  |                          |   |
|    |                       |   | □ No.                                      | Go to line 7  |  |  |  |                          |   |
|    |                       |   | ■ Yes                                      | include pay   | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.   |  |  |                          |   |
|    |                       |   |  |   |  |  |  |                          |   |

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Case number (if known) Debtor 1 Shannon N. Terpstra

|     | Creditor's Name and Address  | Dates of payment   | Total amount                                     | Amount you                                  | Was this no  | syment for  |
|-----|--|--|--|---|--|---|
|     | Creditor's Name and Address  | Dates of payment   | paid   | still owe                                   | was tills pa   | iyinlent for  |
|     | Quicken Loans<br>1050 Woodward Avenue<br>Detroit, MI 48226   | 11/2017 - 1/2018   | \$1,806.00                                       | \$62,532.00                                 | ■ Mortgage □ Car □ Credit Ca □ Loan Re □ Suppliers □ Other | ard<br>payment                                      |
| 7.  | Within 1 year before you filed for bankrupto<br>Insiders include your relatives; any general pa<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor. 1'<br>alimony. | rtners; relatives of any gen<br>control, or owner of 20% o | eral partners; partner<br>r more of their voting | erships of which yog<br>g securities; and a | ou are a genera<br>iny managing a                          | al partner; corporations<br>gent, including one for |
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>   |  |  |   |  |   |
|     | ☐ Yes. List all payments to an insider.  Insider's Name and Address  | Dates of payment   | Total amount paid                                | Amount you still owe                        | Reason for   | this payment  |
| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi  |  |  |   | account of a d   | ebt that benefited an                               |
|     | No   |  |  |   |  |   |
|     | ☐ Yes. List all payments to an insider  Insider's Name and Address   | Dates of payment   | Total amount                                     | Amount you                                  | Peason for   | this payment  |
|     | insider's Name and Address   | Dates of payment   | paid   | still owe                                   | Include cred   |   |
| Par | t 4: Identify Legal Actions, Repossession  | s, and Foreclosures  |  |   |  |   |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  |  | •  | •   | •  | •   |
|     | Case title Case number   | Nature of the case   | Court or agency                                  |   | Status of th   | e case  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.   | ey, was any of your prope                                  | erty repossessed, f                              | oreclosed, garni                            | shed, attached   | d, seized, or levied?                               |
|     | Creditor Name and Address  | Describe the Property                                      |  | Date  |  | Value of the property                               |
|     |  | Explain what happened                                      | d  |   |  | property  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.  |  | luding a bank or fii                             | nancial institutio                          | n, set off any a   | amounts from your                                   |
|     | Creditor Name and Address  | Describe the action the                                    | creditor took                                    |   | action was   | Amount  |
|     |  |  |  | take  |  |   |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No ■ Yes   |  | erty in the possess                              | ion of an assigne                           | ee for the bene  | efit of creditors, a                                |

Page 34 of 56 Document Case number (if known) Debtor 1 Shannon N. Terpstra Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of transferred or transfer was Address payment **Email or website address** made Person Who Made the Payment, if Not You

5301 East State Street, Suite 105 Rockford, IL 61107 **Access Credit Counseling** 633 W 5th Street

Los Angeles, CA 90071 http://accesscounselinginc.org

Springer Law Firm

Suite 26001

\$8.95

plan.

1/20/2018

\$0, \$4,000.00 to be paid through the

\$8.95

\$0.00

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Debtor 1 Shannon N. Terpstra

| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you let the second of the second | or to make payments   |                             |                | or transfer any proper                                  | ty to anyone who                              |  |  |
|-----|---|---|-----------------------------|----------------|---|---|--|--|
|     | Yes. Fill in the details.  Person Who Was Paid  Address   | Description and va  | alue of any prop            | erty           | Date payment or transfer was made                       | Amount of payment                             |  |  |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already  No Yes. Fill in the details.   | siness or financial affa<br>le as security (such as the                   | irs?<br>ne granting of a se |                |   |   |  |  |
|     | Person Who Received Transfer Address Description and value of payments received or debts paid in exchange  Person's relationship to you  Describe any property or payments received or debts paid in exchange   |   |                             |                |   | Date transfer was made                        |  |  |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.  |   | y property to a so          | elf-settled tr | ust or similar device c                                 | of which you are a                            |  |  |
|     | Name of trust   | Description and va  | alue of the prope           | erty transfer  | red   | Date Transfer was made                        |  |  |
|     | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage   |   |                             |                |   |   |  |  |
|     | houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes, Fill in the details.   |   |                             |                |   |   |  |  |
|     |   | ast 4 digits of account number  | Type of accoun instrument   | clo            | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  No Yes. Fill in the details.  | ar before you filed for   | bankruptcy, any             | safe deposi    | it box or other deposi                                  | tory for securities,                          |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had according Address (Number, State and ZIP Code)               |                             | Describe the   | contents  | Do you still have it?                         |  |  |
| 22. | Have you stored property in a storage unit or  No Yes. Fill in the details.   | place other than your   | home within 1 ye            | ear before ye  | ou filed for bankruptc                                  | y?  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                             | Describe the   | contents  | Do you still have it?                         |  |  |

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Case number (if known) Document

Debtor 1 Shannon N. Terpstra

| Par | t 9: Identify Property You Hold or Control for  | Someone Else  |        |                                      |                       |  |  |  |  |
|-----|---|---|--------|--------------------------------------|-----------------------|--|--|--|--|
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any prope  | rty yo | u borrowed from, are storing fo      | r, or hold in trust   |  |  |  |  |
|     | ■ No  |   |        |                                      |                       |  |  |  |  |
|     | Yes. Fill in the details.   |   |        |                                      |                       |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Des    | cribe the property                   | Value                 |  |  |  |  |
| Par | t 10: Give Details About Environmental Inform   | ation   |        |                                      |                       |  |  |  |  |
| For | the purpose of Part 10, the following definitions   | apply:  |        |                                      |                       |  |  |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |   |        |                                      |                       |  |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | -   | law, v | whether you now own, operate,        | or utilize it or used |  |  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or   |   | s was  | te, hazardous substance, toxic       | substance,            |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of whe  | n they | y occurred.                          |                       |  |  |  |  |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liable                                     | e und  | er or in violation of an environm    | ental law?            |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                      |                       |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State ZIP Code)  |   |        | Environmental law, if you<br>know it | Date of notice        |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |   |        |                                      |                       |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                      |                       |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) |        | Environmental law, if you<br>know it | Date of notice        |  |  |  |  |
| 26. | Have you been a party in any judicial or admini   | strative proceeding under any env   | rironm | nental law? Include settlements      | and orders.           |  |  |  |  |
|     | ■ No  |   |        |                                      |                       |  |  |  |  |
|     | Yes. Fill in the details.   |   |        |                                      |                       |  |  |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nat    | ure of the case                      | Status of the case    |  |  |  |  |
| Par | t 11: Give Details About Your Business or Cor   | nnections to Any Business   |        |                                      |                       |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,   |   | nv of  | the following connections to an      | v husiness?           |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a   | •   | •      | _                                    | y zuomoco.            |  |  |  |  |
|     | ☐ A member of a limited liability company   |   |        | •                                    |                       |  |  |  |  |
|     | ☐ A partner in a partnership  |   |        | ,                                    |                       |  |  |  |  |
|     | ☐ An officer, director, or managing execu   | tive of a corporation   |        |                                      |                       |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |        |                                      |                       |  |  |  |  |

Case 18-80231 Doc 1 Filed 02/05/18 Entered 02/05/18 14:40:44 Document Page 37 of 56 Case number (if known) Debtor 1 Shannon N. Terpstra No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shannon N. Terpstra Signature of Debtor 2 Shannon N. Terpstra Signature of Debtor 1 Date Date February 5, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |  |
|------------|----|--------------------|--|
| \$245      | 5  | filing fee         |  |
| \$75       | 5  | administrative fee |  |
| + \$1      | 5_ | trustee surcharge  |  |
| \$335      | 5  | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: February 5, 2018                   |                            |  |
|--|----------------------------|--|
| Signed:                                  |                            |  |
| /s/ Shannon N. Terpstra                  | /s/ Daniel A. Springer     |  |
| Shannon N. Terpstra                      | Daniel A. Springer         |  |
|  | Attorney for the Debtor(s) |  |
| Debtor(s)                                |                            |  |
| Do not sign this agreement if the amount | as are blank.              |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In   | re Shannon N. Terpstra  |  | Case No.   |  |
|------|---|--|--|--|
|      | <u> </u>  | Debtor(s)  | Chapter  | 13                                       |
|      | DISCLOSURE OF COMPE   | NSATION OF ATTOR   | RNEY FOR DE  | EBTOR(S)                                 |
| 1.   | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation   | ng of the petition in bankruptcy,  | or agreed to be paid   | to me, for services rendered or to       |
|      | For legal services, I have agreed to accept   |  | <b></b> \$   | 4,000.00                                 |
|      | Prior to the filing of this statement I have received.  |  | \$   | 0.00                                     |
|      | Balance Due   |  |  | 4,000.00                                 |
| 2.   | The source of the compensation paid to me was:  |  |  |  |
|      | ■ Debtor □ Other (specify):   |  |  |  |
| 3.   | The source of compensation to be paid to me is:   |  |  |  |
|      | ■ Debtor □ Other (specify):   |  |  |  |
| 4.   | ■ I have not agreed to share the above-disclosed comp   | pensation with any other person  | unless they are mem  | bers and associates of my law firm.      |
|      | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national states.  |  |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to re  | ender legal service for all aspect   | s of the bankruptcy c  | ase, including:                          |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rende</li> <li>b. Preparation and filing of any petition, schedules, stat</li> <li>c. Representation of the debtor at the meeting of credite</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and application</li> </ul> | ement of affairs and plan which<br>ors and confirmation hearing, ar<br>reduce to market value; exe<br>ons as needed; preparation | may be required;<br>and any adjourned hea<br>emption planning; | rings thereof; preparation and filing of |
| 6.   | 522(f)(2)(A) for avoidance of liens on ho<br>By agreement with the debtor(s), the above-disclosed fe<br>Representation of the debtors in any dis<br>any other adversary proceeding.   | e does not include the following   | service:<br>cial lien avoidanc                                 | es, relief from stay actions or          |
|      |   | CERTIFICATION  |  |  |
| this | I certify that the foregoing is a complete statement of an abankruptcy proceeding.  | y agreement or arrangement for   | payment to me for r  | epresentation of the debtor(s) in        |
| _    | February 5, 2018  | /s/ Daniel A. Sprir  |  |  |
|      | Date  | Daniel A. Springe Signature of Attorne Springer Law Fire 5301 E. State Stre Suite 105 Rockford, IL 6110 815.312.4725             | y<br>m<br>eet  |  |
|      |   | 815.312.4725<br>dspringerlaw@gr  | nail.com   |  |
|      |   | Name of law firm   |  |  |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### **B.** AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

account;

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| recei<br>is ch | ive fees<br>ecked a<br>ner, to l | mey may receive a retainer or other payment before filing the case but may not directly from the debtor after the filing of the case. Unless the following provision and completed, any retainer received by the attorney will be treated as a security be placed in the attorney's client trust account until approval of a fee application by |
|----------------|----------------------------------|---|
|                | paym                             | ttorney seeks to have the retainer received by the attorney treated as an advance ent retainer, which allows the attorney to take the retainer into income immediately ttorney hereby provides the following further information and representations:   |
|                | (a)                              | The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:  |
|                | (b)                              | The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general   |

The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

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### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

| 1. Any attorney retained to represent a debtor in a Chapter 13 case is representing the debtor on all matters arising in the case unless otherwise. For all of the services outlined above, the attorney will be paid a flat fee   | se ordered by the court.   |
|--|--|
| 2. In addition, the debtor will pay the filing fee in the case and other ex \$\frac{310.00}{   | openses of   |
| 3. Before signing this agreement, the attorney received \$ 0   | ***************************************                          |
| toward the flat fee, leaving a balance due of \$ 4000.00 ; and \$ 31   | for expenses,  |
| leaving a balance due of \$0   |  |
| 4. In extraordinary circumstances, such as extended evidentiary hearin attorney may apply to the court for additional compensation for these ser application must be accompanied by an itemization of the services rende the time expended, and the identity of the attorney performing the service served with a copy of the application and notified of the right to appear in the service of the service of the right to appear in the service of the right to appear in the service of the service of the right to appear in the service of the right to appear in the service of the se | rvices. Any such ered, showing the date, ees. The debtor must be |
| Date: $2/2/8$  |  |
| Signed:  |  |
| Pannon ferpster  | <b>1000</b>  |
| Debtor(s) Attorney for the Debtor  | (s)  |
| Do not sign this agreement if the amounts are blank.   |  |

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### **United States Bankruptcy Court** Northern District of Illinois

| In re | Shannon N. Terpstra                        |   | Case No.                      |               |
|-------|--|---|-------------------------------|---------------|
|       |  | Debtor(s)                                   | Chapter 13                    |               |
|       | VE   | ERIFICATION OF CREDITOR M                   | MATRIX                        |               |
|       |  | Number of                                   | f Creditors:                  | 10            |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credi    | tors is true and correct to t | he best of my |
| Date: | February 5, 2018                           | /s/ Shannon N. Terpstra Shannon N. Terpstra |                               |               |

Aqua Finance Inc. PO Box 844 Wausau, WI 54402

Capital One Bank USA NA Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130

Chase Bank USA Attn: Bankruptcy Dept. PO Box 15298 Wilmington, DE 19850

Connexus Credit Union 2600 Pine Ridge Boulevard Wausau, WI 54401

Equifax PO Box 740256 Atlanta, GA 30374

Experian PO Box 4500 Allen, TX 75013

Mercy Health System 1000 Mineral Point Avenue Janesville, WI 53548

Quicken Loans 1050 Woodward Avenue Detroit, MI 48226

TransUnion 555 West Adams Street Chicago, IL 60661

United Consumer Fin SVC Attn: Bankruptcy Dept. 865 Bassett Westlake, OH 44145